CLAIMS ONLY

Application Number: 10-685934

Filing Date: 9-1-04

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
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37		1				
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48						
49						
50						
Total Indep	4					
Total Depend	25					
Total Claims	29					

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						